

Name:	KBIC #:	SSN#:
Address:	Mailing Addr	ress (if different) :
Phone:	 Email:	
MICHIGAN TECHNOLOGICAL UNIVERSITY	′ :	
Degree Level:	Major:	
Expected Date of Graduation:	Enrollment S	Status:
Required Documentation: √ Proof of KBIC member/descendant s least one grandparent who is an enrolled KBI √ Michigan Technological University ac √ Official Transcripts or Proof of degre √ Student Schedule, must include credits √ Essay describing your career goals &	IC member cceptance letter ee program, if new student	submitted each semester to determine continued eligibility
authorize the release of information between	KBIC and Donors pertaining rpose and requirements of	and complete to the best of my knowledge. Ing to this scholarship, such as enrollment and this opportunity made available through CARB.

Submit completed applications to KBIC Education Department, 16429 Beartown Rd, Baraga, MI 49908 DEADLINE: Friday, August 6, 2021 at 4p.m.